

CHAPTER 10

Rules and Regulations for Public Health

Reimbursement of Uncompensated Charity Care

Section 1. Authority. As authorized by 2015 Wyo. Sess. Laws 608 (Ch. 196), funding shall be distributed to acute care hospitals in Wyoming to reduce the hospitals' costs for uncompensated charity care.

Section 2. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.

Section 3. Definitions. The following definitions shall apply in the interpretation of these rules. For the purpose of these rules, the following shall apply:

(a) "Hospital" means an "acute care hospital" as defined by 2015 Wyo. Sess. Laws 608 (Ch. 196).

(b) "Audited" means the numbers have been verified at the hospital level prior to submission to the Centers for Medicare and Medicaid Services (CMS).

(c) "Cost of charity care" means the amount a patient's care cost to the facility as opposed to what the patient was charged or billed. Costs shall be determined based on applying the cost to charge ratio as negotiated with CMS to the billed charges.

(d) "Department" means the Wyoming Department of Health.

(e) "Charity care" means "uncompensated charity care" as defined by 2015 Wyo. Sess. Laws 608 (Ch. 196).

Section 4. Hospital Eligibility for Reimbursement. Hospitals eligible for reimbursement shall be licensed in Wyoming pursuant to W.S. § 35-2-901 through W.S. § 35-2-911, shall provide acute patient care, shall operate a full-time emergency department, and shall accept Medicaid patients.

Section 5. Methodology.

(a) To insure reimbursement is limited to support of the poor and to prevent duplication of distributions from other payors, the Medicare cost reports from each hospital will be used. Maximum annual reimbursements shall be determined by the Department, Public Health Division, Rural and Frontier Health Unit and in consultation with the Director's Unit for Policy, Research and Evaluation, based on the most recent settled and audited Medicare cost report as of June 1, 2015. The Medicare cost reports shall be retrieved from CMS.gov as publicly reported. A fractional share of the total charity care reported by all eligible hospitals shall be determined.

(b) Quarterly invoices will be submitted to: Rural and Frontier Health; Attn: Laura Hurst; 6101 Yellowstone Road, Ste. 420, Cheyenne, WY 82002 or to laura.hurst@wyo.gov. Invoices shall be due by the last day of the month following each quarter's close: April thru June 2015 due 31 July 2015; July thru September 2015 due 31 October 2015; October thru December 2015 due

31 January 2016; and January thru March 2016 due 30 April 2016. Invoices must reflect the cost of charity care, meaning billed charges with the cost to charge ratio applied, for the preceding quarter only and be accompanied by supporting documentation.

(c) The total available in the fund shall be divided into 2/3 for critical access hospitals, which is \$1,333,333.75, and 1/3, which is \$666,666.75, for prospective payment system acute care hospitals.

(d) The total cumulative reimbursement per hospital shall not exceed the hospital's respective annual maximum allowable.

(e) If a hospital's quarterly amount to be reimbursed exceeds the annual maximum allowable, the payment shall be reduced to equal the maximum allowed and processed as a final payment. No additional reporting is required from the hospital after a final payment is issued.

(f) Payments shall not be re-determined because of changes to the Medicare cost report or after a payment is processed.

Section 6. Payments. Payments shall be made quarterly to the hospitals by the Department's Fiscal Services Office when the invoice and supporting documentation are provided by the Rural and Frontier Health Unit.